

Make in  
Duplicate

BACTERIOLOGICAL ANALYSIS OF WATER  
Oakland County Health Division Laboratory  
1200 North Telegraph Road - Pontiac, MI 48053

Please Indicate  
Mailing Address  
on Reverse Side

Mark "X" In Appropriate Square: NOTE: complete one section only.

A ☒ B ☐ C ☐ D ☐  
Drinking Water Swimming Pool Surface-Lake-Stream Other

Name FORD MOTOR WILSON PLANT  
Collected at: 5000 GRAND RIVER, WILSON, MICH.  
Collected by: (Street) T. SMITH (Twp., Village, City) Date: 4-25-83  
Structure Served: PLANT CAFE Time: 10:30 AM

A DRINKING WATER: (Place check in appropriate square)

☐ Private ☐ Public ☐ Municipal

Sampling point: TAP - KITCHEN - PLANT #3  
Construction: Casing size 10 in. Well depth 25 ft. Age of well — yrs.  
Well Pit — Drained — Pitless Adapter —  
Type of Pump: Jet — Suction — Submersible ✓ Turbine — Hand —  
Pump Location — Well Location from Sewer — Ft.  
From Septic Tank — ft. From Drain Field — ft.  
From Dry Well or Seepage Pit —

☐ CHECK FOR HEAVY METALS RELATED ORGANISMS

3 SWIMMING POOL

Chlorine Residual — or, Bromine Residual —  
pH — Number of persons in pool —  
Remarks: —

☐ LAKE ☐ STREAM ☐ SURFACE WATER ☐ OTHER

Reason for Sampling —  
s Sewage Suspected — or Evident —

☐ OTHER Special Test, Indicate —

LABORATORY FINDINGS:

INDEX:

Dilutions Used	100	10	1	.1	.01	.001	.0001	M.P.N./100 MII.
Total Coliform								
Fecal Coliform								

Standard Plate Count: —

Other: —

Please See Overside for Remarks

LAB. STAMP

APR 27 1983

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A ☒

B ☐

C ☐

D ☐

Drinking Water

Swimming Pool

Surface-Lake-Stream

Other

Name FORD MOTOR-WIXOM PLANT  
Collected at: 50100 GRAND RIVER WIXOM, MICH.  
Collected by: J. Smith (Street) (Twp., Village, City) Date: 4-25-83  
Structure Served: CARLITE PLANT Time: 12:15 PM

A DRINKING WATER: (Place check in appropriate square)

☒ Private

☐ Public

☐ Municipal

Sampling point: WAREHOUSE FOUNTAIN - CARLITE PLANT

Construction: Casing size 10 in. Well depth 15 ft. Age of well — yrs.

Well Pit — Drained — Pitless Adapter ☒

Type of Pump: Jet — Suction — Submersible ☒ Turbine — Hand —

Pump Location — Well Location from Sewer — Ft.

From Septic Tank — ft. From Drain Field — ft.

From Dry Well or Seepage Pit —

☐ CHECK FOR HEPATITIS RELATED ORGANISMS:

B SWIMMING POOL

Chlorine Residual — or, Bromine Residual —

pH — Number of persons in pool —

Remarks: —

C ☐ LAKE ☐ STREAM ☐ SURFACE WATER ☐ OTHER

Reason for Sampling —

Is Sewage Suspected — or Evident —

D OTHER Special Test, Indicate —

LABORATORY FINDINGS:

INDEX:

Dilutions Used	100	10	1	.1	.01	.001	.0001
Total Coliform							
Fecal Coliform							

Standard Plate Count: —

Other: —

Please See Overside for Remarks

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A ☒ B ☐ C ☐ D ☐  
Drinking Water Swimming Pool Surface-Lake-Stream Other

Name FORD MOTOR - WIXOM PLANT  
Collected at: 50100 GRAND RIVER WIXOM, MI  
Collected by: T. SMITH (Street) (Twp., Village, City) Date: 4-25-83  
Structure Served: CAR-LIFE SLAB Time: 12:00 Noon

**A DRINKING WATER:** (Place check in appropriate square)

☒ Private ☐ Public ☐ Municipal

Sampling point: FONTIAC SUPPLY - CAR-LIFE - FRONT OFFICE

Construction: Casing size 10 in. Well depth 15 ft. Age of well — yrs.

Well Pit — Drained — Pitless Adapter ☒

Type of Pump: Jet — Suction — Submersible ☒ Turbine — Hand —

Pump Location WELL Well Location from Sewer — Ft.

From Septic Tank — ft. From Drain Field — ft.

From Dry Well or Seepage Pit —

☐ CHECK FOR HEPATITIS RELATED ORGANISMS:

**3 SWIMMING POOL**

Chlorine Residual — or, Bromine Residual —

pH — Number of persons in pool —

Remarks: —

☐ LAKE ☐ STREAM ☐ SURFACE WATER ☐ OTHER

Reason for Sampling —

s Sewage Suspected — or Evident —

☐ OTHER Special Test, Indicate —

**LABORATORY FINDINGS:**

Dilutions Used	100	10	1	.1	.01	.001	.0001
Total Coliform							
Fecal Coliform							

Standard Plate Count: —

Other: —

Please See Overside for Remarks

INDEX:

M.P.N./100 Ml.

**LAB. STAMP**

APR 27 1983

**BACTERIOLOGICAL CLASSIFICATION OF SAMPLE**

**A DRINKING WATER**

Well location and construction: Satisfactory ☒ Unsatisfactory \_\_\_\_\_ Inadequate data \_\_\_\_\_

Laboratory analysis of well water sample: Satisfactory ☒ Unsatisfactory \_\_\_\_\_

ACCORDING TO: YOUR DESCRIPTION/OUR INSPECTION THE WATER SYSTEM AND SUPPLY ARE EVALUATED:

SAFE ☒ UNSAFE \_\_\_\_\_ INADEQUATE DATA \_\_\_\_\_

Remarks: \_\_\_\_\_

Resampling Recommended ☐

**B SWIMMING POOL**

Acceptable ☐

Unacceptable ☐

Remarks: \_\_\_\_\_

**C LAKE-STREAM-SURFACE-BATHING AREA**

Normal ☐

Above Normal ☐

Sewage Pollution ☐

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Office \_\_\_\_\_

Zip Code \_\_\_\_\_

Remarks: \_\_\_\_\_

Sanitarian: 7.2

Date: 5-5-93

**BACTERIOLOGICAL CLASSIFICATION OF SAMPLE**

**DRINKING WATER**

Well location and construction: Satisfactory ☒ Unsatisfactory \_\_\_\_\_ Inadequate data \_\_\_\_\_

Laboratory analysis of well water sample: Satisfactory ☒ Unsatisfactory \_\_\_\_\_

ACCORDING TO: YOUR DESCRIPTION/OUR INSPECTION THE WATER SYSTEM AND SUPPLY ARE EVALUATED:

SAFE ☒ UNSAFE \_\_\_\_\_ INADEQUATE DATA \_\_\_\_\_

Remarks: \_\_\_\_\_

Resampling Recommended ☐

**SWIMMING POOL**

Acceptable ☐

Unacceptable ☐

Remarks: \_\_\_\_\_

**LAKE-STREAM-SURFACE-BATHING AREA**

Normal ☐

Above Normal ☐

Sewage Pollution ☐

Address \_\_\_\_\_  
Office \_\_\_\_\_  
Zip Code \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sanitarian: T.G.

Date: 5-5-83

